

03/13/06  
IAP6 Rec'd PCT/PTO 10 MAR 2006 CT#

PTO/SB/21 (09-04)

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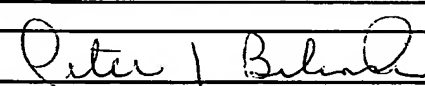
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|                                                                                         |                      |                        |          |
|-----------------------------------------------------------------------------------------|----------------------|------------------------|----------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/524,160             |          |
|                                                                                         | Filing Date          | February 8, 2005       |          |
|                                                                                         | First Named Inventor | Olaf Kersten           |          |
|                                                                                         | Art Unit             | Not Assigned           |          |
|                                                                                         | Examiner Name        | Not Assigned           |          |
| Total Number of Pages in This Submission                                                | 7                    | Attorney Docket Number | 1179_033 |

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s)<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Copy of Notification of Missing Requirements Under 35 U.S.C. 371 (2 pgs), 2 Page Declaration, Check in the Amount of \$65.00 and Return Mailroom Postcard. |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The Commissioner is authorized to charge any additional fees to Deposit Account No. <u>50-0289</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Express Mail Label No. EV 387965888 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                     |
|--------------------------------------------|---------------------------------------------------------------------|
| Firm or Individual name                    | Wall Marjama & Bilinski LLP<br>Peter J. Bilinski<br>Reg. No. 35,067 |
| Signature                                  | <i>Peter J. Bilinski</i>                                            |
| Date                                       | March 10, 2006                                                      |

| CERTIFICATE OF MAILING                                                                                                                                                                                                                                                                                                                        |                           |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service using the Express Mail Post Office To Addressee service per 37 CFR 1.10 under Express Mail No. EV 387965888 US addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 10, 2006. |                           |                        |
| Typed or printed name                                                                                                                                                                                                                                                                                                                         | Susanne C. Aregano        |                        |
| Signature                                                                                                                                                                                                                                                                                                                                     | <i>Susanne C. Aregano</i> | Date<br>March 10, 2006 |

|                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|-------------------------|------------------------------|--------------------------------------|----------------------|--------------|---------------|--------------|----------|--------------|---------------------|----------|
| <div style="float: left; text-align: left;"> <p>PTO</p> <p><b>FREE TRANSMITTAL</b></p> <p><b>For FY 2006</b></p> <p>MAR 10 2006</p> </div> <div style="float: right; text-align: right;"> <p>Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).</p> </div> <div style="clear: both;"></div>   |                                                                                     | <p><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/524,160</td></tr> <tr><td>Filing Date</td><td>February 8, 2005</td></tr> <tr><td>First Named Inventor</td><td>Olaf Kersten</td></tr> <tr><td>Examiner Name</td><td>Not Assigned</td></tr> <tr><td>Art Unit</td><td>Not Assigned</td></tr> <tr><td>Attorney Docket No.</td><td>1179_033</td></tr> </table> |                    | Application Number                                      | 10/524,160              | Filing Date                  | February 8, 2005                     | First Named Inventor | Olaf Kersten | Examiner Name | Not Assigned | Art Unit | Not Assigned | Attorney Docket No. | 1179_033 |
| Application Number                                                                                                                                                                                                                                                                                                 | 10/524,160                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Filing Date                                                                                                                                                                                                                                                                                                        | February 8, 2005                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| First Named Inventor                                                                                                                                                                                                                                                                                               | Olaf Kersten                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Examiner Name                                                                                                                                                                                                                                                                                                      | Not Assigned                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Art Unit                                                                                                                                                                                                                                                                                                           | Not Assigned                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Attorney Docket No.                                                                                                                                                                                                                                                                                                | 1179_033                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>TOTAL AMOUNT OF PAYMENT</b> \$65.00                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Express Mail Label No. EV 387965888 US                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>METHOD OF PAYMENT (check all that apply)</b>                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 50-0289    Deposit Account Name: Wall Marjama & Bilinski LLP                                                                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17                                                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                                                                                                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
|                                                                                                                                                                                                                                                                                                                    | <b>FILING FEES</b>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SEARCH FEES</b> |                                                         | <b>EXAMINATION FEES</b> |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                            | <b>Fee (\$)</b>                                                                     | <b>Small Entity Fee (\$)</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b>                |                      |              |               |              |          |              |                     |          |
| Utility                                                                                                                                                                                                                                                                                                            | 300                                                                                 | 150                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500                | 250                                                     | 200                     | 100                          |                                      |                      |              |               |              |          |              |                     |          |
| Design                                                                                                                                                                                                                                                                                                             | 200                                                                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100                | 50                                                      | 130                     | 65                           |                                      |                      |              |               |              |          |              |                     |          |
| Plant                                                                                                                                                                                                                                                                                                              | 200                                                                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                               | 300                | 150                                                     | 160                     | 80                           |                                      |                      |              |               |              |          |              |                     |          |
| Reissue                                                                                                                                                                                                                                                                                                            | 300                                                                                 | 150                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500                | 250                                                     | 600                     | 300                          |                                      |                      |              |               |              |          |              |                     |          |
| Provisional                                                                                                                                                                                                                                                                                                        | 200                                                                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                  | 0                                                       | 0                       | 0                            |                                      |                      |              |               |              |          |              |                     |          |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              | <b>Small Entity Fee (\$)</b>         |                      |              |               |              |          |              |                     |          |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              | 50                                   |                      |              |               |              |          |              |                     |          |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              | 200                                  |                      |              |               |              |          |              |                     |          |
| Multiple dependent claims                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              | 360                                  |                      |              |               |              |          |              |                     |          |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                                |                                                                                     | <b>Extra Claims</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <b>Fee (\$)</b>                                         |                         | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b>     |                      |              |               |              |          |              |                     |          |
|                                                                                                                                                                                                                                                                                                                    | - 20 or HP =                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | x                  |                                                         | =                       |                              | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |                      |              |               |              |          |              |                     |          |
| HP= highest paid number of total claims paid for, if greater than 20                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                               |                                                                                     | <b>Extra Claims</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <b>Fee (\$)</b>                                         |                         | <b>Fee Paid (\$)</b>         |                                      |                      |              |               |              |          |              |                     |          |
|                                                                                                                                                                                                                                                                                                                    | - 3 or HP =                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | x                  |                                                         | =                       |                              |                                      |                      |              |               |              |          |              |                     |          |
| HP = highest number of independent claims paid for, if greater than 3                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s). |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                                |                                                                                     | <b>Extra Sheets</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>         |                              | <b>Fee Paid (\$)</b>                 |                      |              |               |              |          |              |                     |          |
|                                                                                                                                                                                                                                                                                                                    | - 100 =                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | / 50 =             | (round up to a whole number) x                          |                         | =                            |                                      |                      |              |               |              |          |              |                     |          |
| <b>4. OTHER FEES</b>                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              | <b>Fees Paid (\$)</b>                |                      |              |               |              |          |              |                     |          |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Other (e.g., late filing surcharge): <b>Late Filing of Declaration (65.00)</b>                                                                                                                                                                                                                                     |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              | <b>\$65.00</b>                       |                      |              |               |              |          |              |                     |          |
| <b>SUBMITTED BY</b>                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                         |                         |                              |                                      |                      |              |               |              |          |              |                     |          |
| Signature                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Registration No. 35,067 (Attorney/Agent)                | Telephone 315-425-9000  |                              |                                      |                      |              |               |              |          |              |                     |          |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                  | Peter J. Bilinski                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Date March 10, 2006                                     |                         |                              |                                      |                      |              |               |              |          |              |                     |          |

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## UNITED STATES PATENT AND TRADEMARK OFFICE

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|                             |                       |                  |
|-----------------------------|-----------------------|------------------|
| U.S. APPLICATION NUMBER NO. | FIRST NAMED APPLICANT | ATTY. DOCKET NO. |
| 10/524,160                  | Olaf Kersten          | 1179 033         |

Peter J Bilinski  
 Wall Marjama & Bilinski  
 101 South Salina Street  
 Suite 400  
 Syracuse, NY 13202

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 MAR - 1 2006  
 WALL MARJAMA & BILINSKI LLP

|                               |               |
|-------------------------------|---------------|
| INTERNATIONAL APPLICATION NO. |               |
| PCT/EP03/08785                |               |
| I.A. FILING DATE              | PRIORITY DATE |
| 08/07/2003                    | 08/15/2002    |

CONFIRMATION NO. 4000  
 371 FORMALITIES LETTER

\*OC000000018099177\*

Date Mailed: 02/23/2006

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 02/08/2005
- Copy of the International Search Report filed on 02/08/2005
- Copy of IPE Report filed on 02/08/2005
- Preliminary Amendments filed on 02/08/2005
- Information Disclosure Statements filed on 02/08/2005
- Small Entity Statement filed on 02/08/2005
- Request for Immediate Examination filed on 02/08/2005
- Copy of references cited in ISR filed on 02/08/2005
- U.S. Basic National Fees filed on 02/08/2005
- Priority Documents filed on 02/08/2005

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$65 for a Small Entity:

- \$65 Surcharge.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

CHRISTINE S WASHINGTON

Telephone: (703) 308-9140 EXT 228

PART 1 - ATTORNEY/APPLICANT COPY

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/524,160                  | PCT/EP03/08785                | 1179 033         |

FORM PCT/DO/EO/905 (371 Formalities Notice)

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